

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | mmllw876 | | 10-16-01 |
| O.I.P.E. CLASSIFIER | | | 10-25-01 |
| FORMALITY REVIEW | CH | 1119 | 11-18-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

BEST AVAILABLE COPY

Rejected N Non-elected
 Allowed I Interference
 (Through numeral) Canceled A Appeal
 Restricted O Objected

| Claim | Date |
|----------------|----------|
| Final Original | |
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| Claim | Date |
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If more than 150 claims or 10 actions
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